

CK 97 22 200148

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) October 05/2012		Name of Building Owner/Operator (2) Walter Ricciardi		2012 OCT 12 AM 10:27	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 01 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 20 Hilltop circle City, State, Zip Code Morristown, NJ 07960 Name of Contact Walter Ricciardi Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) House				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 20 Hilltop circle				Square Feet 8 000	
City (5) Morristown				# of Floors 02	
County (6) Morris				Bldg. Age 97	
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) non occupant	
Name of Monitoring Firm Hired by Building Owner (8) AZ Solution Consulting LLC		ASCM No. 54 105		Name of Abatement Contractor (9) Maktigar LLC	
Street Address 7007 60th Street		Street Address 140 Ray str. ap.6		City, State, Zip Code Garfield, NJ 07026	
City, State, Zip Code Ridgewood, NY 11385		Telephone No. 347 612 1572		Telephone No. 973 262 2120	
Project Manager for Monitoring Firm Aleksandar Zivanov		License No. 01177		Name of OSHA Monitor AZ Solution Consulting LLC	
Start Date (10) 10/10/2012		Scheduled Completion Date (11) 10/15/2012		Street Address 7007 60th. Street	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Normal business hours				City, State, Zip Code Ridgewood, NY 11385	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 30 sf or ≥ 3 ft <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 ft <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		yes no N/A		Amount (Specify SF or LF)	
Basement		x		Pipe Fitting Insulation	
Basement		x		Small Boiler	
Name of Registered Waste Hauler Maktigar LLC		NJDEP Waste Hauler ID No. 32 909		Cubic Yards of Waste 10	
City, State Garfield, NJ 07026		Disposal Date On completion		Name of Registered Landfill Grows Landfill	
City, State Morrisville PA		Signature Veselin Petrovski		Date 10/05/2012	
Completed by Veselin Petrovski		Title President			

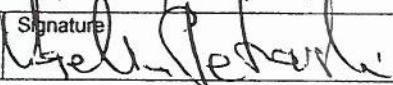


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

**RECEIVED**

**2012 OCT 12 AM 10:27**

**ASBESTOS CONTROL  
& LICENSING**

Date of Notification (1) <b>September 25/2012</b>		Name of Building Owner/Operator (2) <b>Walter Ricciardi</b>							
Agencies Notified	Type Notification	Street Address <b>20 Hilltop circle</b>							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Morristown, NJ 07960</b>							
		Name of Contact <b>Walter Ricciardi</b>	Telephone Number <b>908 496 1111</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>House</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>20 Hilltop circle</b>		Square Feet <b>8 000</b>	# of Floors <b>2</b>						
City (5) <b>Morristown</b>		Bldg. Age <b>97</b>							
County (6) <b>Morris</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>non occupant</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>AZ Solution Consulting LLC</b>		ASCM No. <b>54105</b>	Name of Abatement Contractor (9) <b>Maktigar LLC</b>						
Street Address <b>7007 60th. Street</b>		Street Address <b>140 Ray str. Apt. 6</b>							
City, State, Zip Code <b>Ridgewood, NY 11385</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Project Manager for Monitoring Firm <b>Aleksandar Zivanov</b>		Telephone No. <b>347 612 1572</b>	License No. <b>01177</b>						
Start Date (10) <b>10/06/2012</b>	Scheduled Completion Date (11) <b>11/06/2012</b>	Name of OSHA Monitor <b>AZ Solution Consulting LLC</b>							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Normal business hours</u>		Street Address <b>7007 60th. Street</b>							
		City, State, Zip Code <b>Ridgewood, NY 11385</b>							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>	x			<b>Pipe Fiting Insulation</b>	<b>700 l.ft.</b>	x			
<b>Basement</b>	x			<b>Small Boiler</b>	<b>200 sq.ft.</b>	x			
Name of Registered Waste Hauler <b>Maktigar LLC</b>		NJDEP Waste Hauler ID No. <b>32 909</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>Grows Landfill</b>					
City, State <b>Garfield, NJ 07026</b>		Disposal Date <b>On completion</b>		City, State <b>Morrisville, PA</b>					
Completed by <b>Veselin Petrovski</b>		Title <b>President</b>	Signature 	Date <b>09/25/2012</b>					

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 10/08/12		Name of Building Owner/Operator (2) Trinitas Regional Medical Center							
Agencies Notified	Type Notification	Street Address 301 Rt. 17 North, Suite 800							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Rutherford, NJ 07070							
		Name of Contact Robert Lopez							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Trinitas Regional Medical Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 225 Williamson Street		Square Feet 150,000	# of Floors 9						
City (5) Elizabeth		Bldg. Age 50+							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Medical Center							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Stanmark Contractors, LLC						
Street Address		Street Address 27 Edsall Drive							
City, State, Zip Code		City, State, Zip Code Sussex, NJ 07461							
Project Manager for Monitoring Firm		Telephone No. 973-864-2022	License No. 01137						
Start Date (10) 09/15/12	Scheduled Completion Date (11) 10/15/12	Name of OSHA Monitor AmeriSci							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:		Street Address 117 East 30th Street							
		City, State, Zip Code New York, NY 10016							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
7th floor North side	x			loose floor tiles	3 S.F.	x			
7th floor North side	x			carpet	120 S.F.	x			
7th floor North side	x			floor tiles	500 S.F.	x			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 15	Name of Registered Landfill G.R.O.W.S.					
City, State Wayne, NJ			Disposal Date on completion	City, State Morrisville, PA					
Completed by Marko Stankovic		Title President	Signature <i>Marko Stankovic</i>	Date 10/08/12					

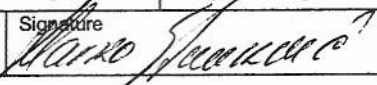


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

**RECEIVED**

2012 OCT 12 AM 6:42

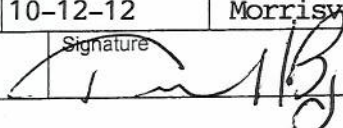
**ASBESTOS CONTROL  
& LICENSING**

Date of Notification (1) 10/05/12		Name of Building Owner/Operator (2) Bulls Ferry Studio							
Agencies Notified	Type Notification	Street Address 6903 Jackson Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Guttenberg, NJ 07093							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Dan Bartaluze	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Vacant Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 6903 Jackson Street		Square Feet 4,000	# of Floors 1						
City (5) Guttenberg		Bldg. Age 50+-							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant Building							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Stanmark Contractors, LLC						
Street Address		Street Address 27 Edsall Drive							
City, State, Zip Code		City, State, Zip Code Sussex, NJ 07461							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-864-2022	License No. 01137						
Start Date (10) 10/16/12	Scheduled Completion Date (11) 10/19/12	Name of OSHA Monitor AmeriSci							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 117 30th Street							
		City, State, Zip Code New York, NY 10016							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room		x		Pipe Insulation	80 L.F.	x			
Name of Registered Waste Hauler Pro-Tech, LLC		NJDEP Waste Hauler ID No. 190713	Cubic Yards of Waste 3	Name of Registered Landfill Minerva Landfill					
City, State New Haven, CT			Disposal Date on completion	City, State Waynesburgh, OH					
Completed by Marko Stankovic		Title President	Signature 	Date 10/05/12					



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

*Check # 8769*

Date of Notification (1) <b>10-8-12</b>		Name of Building Owner/Operator (2) <b>Levin Management Corp.</b>							
Agencies Notified	Type Notification	Street Address <b>975 US Highway 22 West</b>							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>North Plainfield, NJ 07060</b>							
		Name of Contact <b>Gerry O'Brien</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Capital Plaza Shopping Center-Former Fashion Bug</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>1500 N. Olden Avenue</b>		Square Feet <b>7,500</b>	# of Floors <b>1</b>						
City (5) <b>Ewing</b>		Bldg. Age <b>43yrs.</b>							
County (6) <b>Mercer</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>EHS</b>		ASCM No.	Name of Abatement Contractor (9) <b>Plymouth Environmental Co., Inc.</b>						
Street Address <b>411 Southgate Court, Suite E</b>		Street Address <b>923 Haws Avenue</b>							
City, State, Zip Code <b>Mickleton, NJ 08056</b>		City, State, Zip Code <b>Norristown, PA 19401</b>							
Project Manager for Monitoring Firm <b>Jack Carney</b>		Telephone No. <b>856-224-0080</b>	Telephone No. <b>610-239-9920</b>						
		License No. <b>00398</b>							
Start Date (10) <b>10-11-12</b>	Scheduled Completion Date (11) <b>10-12-12</b>	Name of OSHA Monitor <b>Plymouth Environmental Co., Inc.</b>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>923 Haws Avenue</b>							
		City, State, Zip Code <b>Norristown, PA 19401</b>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> _____ <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
space 17A			x	vinyl asbestos tile	150 SF	x			
Name of Registered Waste Hauler <b>Robinson Waste</b>		NJDEP Waste Hauler ID No. <b>17304</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>GROWS, Inc.</b>					
City, State <b>Bellmawr, NJ</b>		Disposal Date <b>10-12-12</b>		City, State <b>Morrisville, PA</b>					
Completed by <b>Timothy E. Bryan</b>		Title <b>Vice-President</b>	Signature 			Date <b>10-8-12</b>			

**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)**

**RECEIVED**

**2012 OCT 12 AM 6:24**

**ASBESTOS CONTROL  
& LICENSING**

Date of Notification (1) <b>10 / 02 / 12</b>		Name of Building Owner/Operator (2) <b>South Jersey Port Corporation</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>P.O. Box 129</b>	City, State, Zip Code <b>Camden, NJ 08101</b>
		Name of Contact <b>Hank D'Andrea</b>	Telephone Number

☒ **POSTPONED**

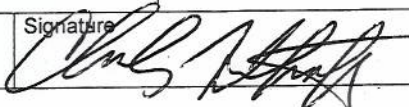
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Air Products Facility</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <b>2710 Broadway</b>		Square Feet <b>53,930</b>	# of Floors <b>1</b>
City (5) <b>Camden</b>		Bldg. Age <b>20+</b>	
County (6) <b>Camden</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant Building</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Horizon Environmental Group, Inc.</b>		ASCM No. <b>00073</b>	Name of Abatement Contractor (9) <b>Diamond Huntbach Construction Corporation</b>
Street Address <b>P.O. Box 316</b>		Street Address <b>500 East Luzerne Street</b>	
City, State, Zip Code <b>Thorofare, NJ 08086</b>		City, State, Zip Code <b>Philadelphia, PA 19124</b>	
Project Manager for Monitoring Firm <b>Steve Lanigan</b>	Telephone No. <b>856-848-0800</b>	Telephone No. <b>215-739-8166</b>	License No. <b>00646</b>
Start Date (10) <b>10 / 03 / 12</b>	Scheduled Completion Date (11) <b>10 / 15 / 12</b>	Name of OSHA Monitor <b>SAME AS ABOVE</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address	
		City, State, Zip Code	

**Scope of Work (Check all that apply)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf                | <input type="checkbox"/> Renovation            | <input type="checkbox"/> Full Containment with Negative Pressure               |
| <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure  |
|  |  | <input type="checkbox"/> Glovebag Procedure                                    |
|  |  | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Whouse, Bck storage & Office Bldg	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Aircell Pipe Insulation & Fittings	70 Locations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9" X 9" Floor tiles & mastic	475 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warehouse roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Black Flashing	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office area-Under Carpet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9" X 9" Floor tiles & mastic	2,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Service Transport</b>		NJDEP Waste Hauler ID No. <b>A901</b>	Cubic Yards of Waste	Name of Registered Landfill <b>Minervia Landfill</b>	
City, State <b>New Castle, DE</b>		Disposal Date <b>10/31/12</b>	City, State <b>Waynesburg, OH</b>		
Completed By (Print or Type) <b>Charles F. Imbimbo</b>	Title <b>Project Manager</b>	Signature 	Date <b>10/2/12</b>		



State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)

**RECEIVED**

**2012 OCT 12 AM 6:39**

**ASBESTOS CONTROL  
& LICENSING**

Date of Notification (1) <b>10 / 05 / 12</b>		Name of Building Owner/Operator (2) <b>A.P. construction, Inc</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>915 S. Black Horse Pike</b>	
		City, State, Zip Code <b>Blackwood, NJ 08102</b>	
		Name of Contact <b>Mr. Pete Bellantoni</b>	Telephone Number

**FACILITY INFORMATION**

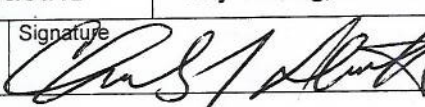
Name of Facility Where Abatement is Taking Place (3) <b>Residential House</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <b>781 Lakeland Road</b>		Square Feet <b>832</b>	# of Floors <b>1</b>
City (5) <b>Blackwood</b>		Bldg. Age <b>50+</b>	
County (6) <b>Camden</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant House</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>ASCM No.</b>		Name of Abatement Contractor (9) <b>Diamond Huntbach Construction Corporation</b>	
Street Address		Street Address <b>500 East Luzerne Street</b>	
City, State, Zip Code		City, State, Zip Code <b>Philadelphia, PA 19124</b>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>215-739-8166</b>	License No. <b>00646</b>
Start Date (10) <b>10 / 19 / 12</b>	Scheduled Completion Date (11) <b>10 / 26 / 12</b>	Name of OSHA Monitor <b>SAME AS ABOVE</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-4:00PM</b> PM- AM		Street Address	
		City, State, Zip Code	

Scope of Work (Check all that apply)

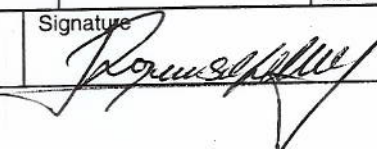
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Exterior Siding</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Transite Shingles</b>	<b>1300</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Diamond Huntbach Construction</b>		NJDEP Waste Hauler ID No. <b>19689</b>	Cubic Yards of Waste <b>3 c.y.</b>	Name of Registered Landfill <b>Minerva</b>	
City, State <b>Philadelphia, PA</b>		Disposal Date <b>10/31/12</b>	City, State <b>Waynesburg, OH 44688</b>		
Completed By (Print or Type) <b>Charles F. Imbimbo</b>	Title <b>Project Manager</b>	Signature 		Date <b>10/05/12</b>	

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

**RECEIVED**

Date of Notification (1) 10/09/2012		Name of Building Owner/Operator (2) Most Holy Name of Jesus Parish							
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Notification Type  <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 697 Cortland St							
		City, State, Zip Code Perth Amboy, NJ 08861							
		Name of Contact Rev John Gordon	Tel. Number						
		<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Holy Trinity Parish - Perth Amboy		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 315 Lawrie St		Square Feet	# of Floors						
City (5) Perth Amboy		Bldg. Age							
County (6) Middlesex	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Bldg. Owner (8) Testor Technology Environmental Services, Inc		ASCM No.	Name of Contractor (9) UNITED STATES ENVIRONMENTAL UNIVERSAL SERVICES, INC						
Street Address 10 59 Jackson Ave		Street Address 365 River Drive							
City, State, Zip Code Long Island City, NY 11101		City State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Stan Evenhouse	Telephone Number (718)752-2090	Telephone Number (973) 478-5755	License Number 00331						
Scheduled Start Date (10) 10/09/2012	Scheduled Completion Date (11) 10/15/2012	Name of OSHA Monitor Testor Tech.							
Occupancy Status During Abatement (Check only one)  <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 10-59 Jackson Avenue							
		City, State, Zip Code Long Island City, NY 11101							
Source of Work (Check all that apply)  <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Area		X		Pipe Insulation	235 LF	X			
Name of Reg. Waste Hauler U.S. Environmental Universal Services.		NJDEP Waste Hauler ID # 16706		Cubic Yards of Waste	Name of Reg. Landfill G.R.O.W.S., Waste Management				
City, State Garfield, NJ		Disposal Date		City, State Morrisville, PA					
Completed by Roque Schipilliti	Title President	Signature 			Date 10/09/2012				



REMEMBER - MAIL IN HARD COPY

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
Pursuant to NJAC 8:26-10.1(a)

RECEIVED

DOL - 10 DAY

AM 6-38

ASBESTOS CONTROL  
& LICENSING

WAIVER APPROVED

Date of Notification (1) 10/09/2012		Name of Building Owner/Operator (2) Most Holy Name of Jesus Parish							
Agencies Notified ( ) EPA ( ) DEP (X) DOL (X) DOH ( ) DCA	Notification Type (X) Initial Notification ( ) Amended Amendment # (X) Emergency (including justification) ( ) Cancellation	Street Address 897 Cortland St City State Zip Code Perth Amboy, NJ 08861 Name of Contact Rev John Gordon Tel Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Holy Trinity Parish - Perth Amboy Street Address 315 Lawrie St City (5) Perth Amboy		Type of Facility (4) ( ) School (K-12) ( ) Subchapter S (other than K-12) (X) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg Age							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Bldg. Owner (8) Testor Technology Environmental Services, Inc. Street Address 10 59 Jackson Ave City State Zip Code Long Island City, NY 11101		ASCM No Name of Contractor (9) UNITED STATES ENVIRONMENTAL UNIVERSAL SERVICES, INC. Street Address 365 River Drive City State Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Stan Evenhouse	Telephone Number (718) 752-2090	Telephone Number (973) 478-5755	License Number 00331						
Scheduled Start Date (10) 10/09/2012	Scheduled Completion Date (11) 10/15/2012	Name of OSHA Monitor Testor Tech. Street Address 10-59 Jackson Avenue City State Zip Code Long Island City, NY 11101							
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours ( ) Other - Describe:									
Source of Work (Check all that apply) (X) $\geq 3$ sf or $\geq 3$ lf ( ) $\geq 160$ sf or $\geq 280$ lf (X) Renovation ( ) Demolition (X) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glove bag Procedure ( ) Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Remove	Repair	Encapsulate	Enclosure
Basement Area		X		Pipe Insulation	235 LF	X			
Name of Reg. Waste Hauler U.S. Environmental Universal Services		NJDEF Waste Hauler ID # 16706		Cubic Yards of Waste	Name of Reg. Landfill G.R.O.W.S. Waste Management				
City, State Garfield, NJ		Disposal Date		City, State Morrisville, PA					
Completed by Rogue Schipilli	Title President	Signature <i>Rogue Schipilli</i>			Date 10/09/2012				



CHECK #  
2462

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

2012 OCT 12 AM 6:35

Date of Notification (1) <u>10/8/12</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address <u>300 77 TH ST.</u>		City, State, Zip Code <u>SEA ISLE CITY, N.J. 08243</u>					
Name of Contact <u>FRANK EDUARDI</u>		Telephone Number <u>908-246-1234</u>					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <u>7528 SUNSET DRIVE</u>		Square Feet # of Floors Bldg. Age					
City (5) <u>AVALON</u>		Current Use (Prior if being demolished) <u>VACANT</u>					
County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>					
Street Address <u>N/A</u>		Street Address <u>369 S. SPRUCE AVE.</u>					
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>				
Start Date (10) <u>10/18/12</u>	Scheduled Completion Date (11) <u>10/25/12</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <u>369 S. SPRUCE AVE.</u>					
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition					
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>1800 SF</u>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C.M.C.M.V.A.</u>			
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date	City, State <u>WOODBINE, N.J.</u>				
Completed By <u>JOSEPH KLEMM</u>		Title <u>V/P</u>	Signature <u>Joseph Klemm</u>		Date <u>10/8/12</u>		



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:26)


*I approved  
check #  
1348  
RECEIVED be sent  
10/12/12  
AM 6:34*

Date of Notification (1) <b>9/24/2012</b>		Name of Building Owner / Operator (2) <b>Servicemaster of Cherry Hill</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>2005 Rote 70 East</b> City, State & Zip Code <b>Cherry Hill, NJ</b> Name of Contact <b>Kevin Allen</b>	
		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>18 Newell Pass</b>		Square Feet <b>1500</b>	# of Floors <b>1</b>
City (5) <b>Willingboro</b>	County (6) <b>Burlington</b>	Bldg. Age <b>50</b>	
County Code (7)		Current Use (Prior if being demolished) <b>Residential</b>	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>Alpha Environmental Services</b>	
Street Address		Street Address <b>2129 Route 33</b>	
City, State & Zip Code		City, State & Zip Code <b>Hamilton, NJ 08610</b>	
Project Manager for Monitoring Firm		Telephone Number <b>609-847-2956</b>	License Number <b>01091</b>
Scheduled Start Date (10) <b>9/26/2012</b>	Scheduled Completion Date (11) <b>9/30/ 2012</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor <b>EMSL Analytical</b>	
		Street Address <b>107 Haddon Ave.</b>	
		City, State & Zip Code <b>Westmont, NJ 08108</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
	Yes No N/A		
<b>First Floor</b>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<b>VAT</b>	<b>800sf</b>
		Abatement Type	
		Removal Repair Encapsulate Enclosure	
		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Name of Registered Waste Hauler <b>ALPHA ENVIRONMENTAL</b>		NJDEP Waste Hauler ID No. <b>00033330</b>	Cubic Yards of Waste <b>2</b>
City, State <b>Trenton, NJ</b>		Name of Registered Landfill <b>Grows Landfill</b>	
		Disposal Date <b>10/1/2012</b>	City, State <b>Morrisville, PA</b>
Completed By (Print or Type) <b>Rod Richardson</b>		Title <b>Project Manager</b>	Signature <i>Rod Richardson</i>
		Date <b>9/24/2012</b>	



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

*check*  
**RECEIVED**  
2012 OCT 12 AM 6:30  
**ASBESTOS CONTROL & LICENSING**

Date of Notification (1) <b>9/27/2012</b>		Name of Building Owner / Operator (2) <b>Willie Pryor</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>PO Box 182</b>	
		City, State & Zip Code <b>Laurens, SC</b>	
		Name of Contact <b>Paul Dengler</b>	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>22 Barrington Ln</b>		Square Feet <b>2000</b>	# of Floors <b>1</b>
City (5) <b>Willingboro</b>	County (6) <b>Burlington</b>	County Code (7)	Bldg. Age <b>50</b>
Current Use (Prior if being demolished) <b>Residential</b>			
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>Alpha Environmental Services</b>	
Street Address		Street Address <b>2129 Route 33</b>	
City, State & Zip Code		City, State & Zip Code <b>Hamilton, NJ 08610</b>	
Project Manager for Monitoring Firm	Telephone Number	Telephone Number <b>609-847-2956</b>	License Number <b>01091</b>
Scheduled Start Date (10) <b>10/2/2012</b>	Scheduled Completion Date (11) <b>10/4/2012</b>	Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>107 Haddon Ave.</b>	
		City, State & Zip Code <b>Westmont, NJ 08108</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)
	Yes	No	
<b>Exterior</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>siding</b>		<b>1000sf</b>
Abatement Type			
Removal		<input checked="" type="checkbox"/>	
Repair		<input type="checkbox"/>	
Encapsulate		<input type="checkbox"/>	
Enclosure		<input type="checkbox"/>	
Name of Registered Waste Hauler <b>ALPHA ENVIRONMENTAL</b>		NJDEP Waste Hauler ID No. <b>00033330</b>	Cubic Yards of Waste <b>2</b>
City, State <b>Trenton, NJ</b>		Name of Registered Landfill <b>Grows Landfill</b>	
Disposal Date <b>10/6/2012</b>		City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Rod Richardson</b>		Title <b>Project Manager</b>	Signature 
		Date <b>9/27/2012</b>	



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

*check*  
**RECEIVED**  
2012 OCT 12 AM 6:29  
**ASBESTOS CONTROL & LICENSING**

Date of Notification (1) <b>10/5/2012</b>		Name of Building Owner / Operator (2) <b>Resorts Hotel and Casino</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address <b>1133 Boardwalk</b>
			City, State & Zip Code <b>Atlantic City, NJ 08401</b>
			Name of Contact <b>Bob Lavita</b>
			Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Resorts Casino</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>113 Boardwalk</b>		Square Feet <b>60000</b>	# of Floors <b>13</b>
City (5) <b>Atlantic City</b>	County (6) <b>Ocean</b>	County Code (7)	Bldg. Age <b>80</b>
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Current Use (Prior if being demolished) <b>Casino</b>
Street Address		Name of Abatement Contractor (9) <b>ALPHA ENVIRONMENTAL</b>	
City, State & Zip Code		Street Address <b>2129 Rt 33</b>	
Project Manager for Monitoring Firm		Telephone Number <b>215-295-1004</b>	License Number <b>01091</b>
Scheduled Start Date (10) <b>10/17/2012</b>	Scheduled Completion Date (11) <b>10/18/2012</b>	Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address <b>107 Haddon Avenue</b>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf		City, State & Zip Code <b>Westmont, NJ 08108</b>	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)
	Yes	No	
<b>1st Floor Ladies Room-Old Reds Lounge</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Pipe Insulation</b>
Amount (Specify SF or LF) <b>151lf</b>	Abatement Type Removal <input checked="" type="checkbox"/> x    Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclose <input type="checkbox"/>		
Name of Registered Waste Hauler <b>ALPHA ENVIRONMENTAL</b>	NJDEP Waste Hauler ID No. <b>0033330</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Grows Landfill</b>
City, State <b>Hamilton</b>	Disposal Date <b>various</b>	City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Rod Richardson</b>	Title <b>PM</b>	Signature <i>Rod Richardson</i>	Date <b>10/5/2012</b>



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

*check*  
**RECEIVED** 358  
2012 OCT 12 AM 6:29  
**ASBESTOS CONTROL & LICENSING**

Date of Notification (1) <b>10/5/2012</b>		Name of Building Owner / Operator (2) <b>Dr Gregory Frick</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address <b>99 Kingwood-Stockton Rd</b>
			City, State & Zip Code <b>Rosemont, NJ</b>
			Name of Contact <b>Greg Frick</b>
			Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>99 Kingwood-Stockton Rd</b>		Square Feet <b>2000</b>	# of Floors <b>2</b>
City (5) <b>Rosemont</b>	County (6) <b>Ocean</b>	County Code (7)	Bldg. Age <b>80</b>
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>ALPHA ENVIRONMENTAL</b>
Street Address		Street Address <b>2129 Rt 33</b>	
City, State & Zip Code		City, State & Zip Code <b>Hamilton, NJ</b>	
Project Manager for Monitoring Firm		Telephone Number <b>215-295-1004</b>	License Number <b>01091</b>
Scheduled Start Date (10) <b>10/15/2012</b>	Scheduled Completion Date (11) <b>10/16/2012</b>	Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address <b>107 Haddon Avenue</b>	
		City, State & Zip Code <b>Westmont, NJ 08108</b>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13) <b>Basement</b>	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)
	Yes	No	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Pipe Insulation total estimated 10lf		Amount (Specify SF or LF) <b>10lf</b>
	200 lf repair to estimated 10lf		
Name of Registered Waste Hauler <b>ALPHA ENVIRONMENTAL</b>		NJDEP Waste Hauler ID No. <b>0033330</b>	Name of Registered Landfill <b>Grows Landfill</b>
City, State <b>Hamilton</b>		Disposal Date <b>various</b>	City, State <b>Morrisville, PA</b>
Completed By (Print or Type) <b>Rod Richardson</b>		Title <b>PM</b>	Signature <i>Rod Richardson</i>
			Date <b>10/5/2012</b>



APPROVED: TOM VOORHEES, NJDOH

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

**RECEIVED**  
2012 OCT 12 AM 6:28

**ASBESTOS CONTROL & LICENSING**

Date of Notification (1) <b>10/2/12</b>		Name of Building Owner / Operator (2) <b>ACTAVIS</b>	
Agencies Notified	Type Notification	Street Address <b>200 ELMORA AVENUE</b>	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code <b>ELIZABETH, NJ 07207</b>	
		Name of Contact <b>Mike Piccorello</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>ACTAVIS</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>200 ELMORA AVENUE</b>			Square Feet <b>30,000</b>		
City (5) <b>ELIZABETH, NJ</b>		County (6) <b>UNION</b>	County Code (7)		# of Floors <b>4</b>
			Bldg. Age <b>70 +/-</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>EAGLE INDUSTRIAL HYGIENE</b>			Current Use (Prior if being demolished) <b>PHARMACEUTICAL</b>		
Street Address <b>359 DRESHER ROAD</b>			Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>		
City, State & Zip Code <b>HORSHAM, PA 19044</b>			Street Address <b>1123 BEAVER STREET</b>		
Project Manager for Monitoring Firm <b>LARRY NAGELBERG</b>			Telephone Number <b>215-672-6088</b>		License Number <b>00509</b>
Scheduled Start Date (10) <b>10/2/12</b>		Scheduled Completion Date (11) <b>10/3/12</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL INC</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <b>5pm-midnight</b> <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>1123 BEAVER STREET</b>		
			City, State & Zip Code <b>BRISTOL, PA 19007</b>		

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

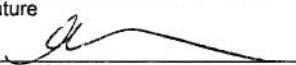
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 <sup>st</sup> floor cooridor outside cafeteria	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date		City, State <b>WAYNESBURG, OH 44688</b>	
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>		Title <b>PROJ. MGR.</b>	Signature 		Date <b>10/2/12</b>



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**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

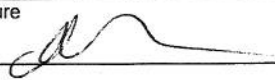
**CHECK RECEIVED**  
**2012 OCT 12 AM 6:25**  
**ASBESTOS CONTROL & LICENSING**

Date of Notification (1) 10/8/12		Name of Building Owner/Operator (2) Sharon Thompson							
Agencies Notified	Type Notification	Street Address 586 Clarendon Court							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code River Edge, NJ							
		Name of Contact Sharon Thompson	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4)							
Street Address 586 Clarendon Court		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) River Edge		Square Feet 2500	# of Floors 2						
		Bldg. Age 60							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address 4 East Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-583-8500	License No. 703						
Start Date (10) 10/22/12	Scheduled Completion Date (11) 10/29/12	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	floor tile (excludes mastic)	180 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill GROWS N Landfill					
City, State Freehold NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Andrew Scott Higgins		Title President		Signature 			Date 10/8/12		



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

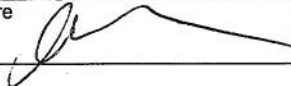
RECEIVED 3  
2012 OCT 12 AM 6:25

Date of Notification (1) 10/8/12		Name of Building Owner/Operator (2) US Masters Residential Property (USA) Fund							
Agencies Notified	Type Notification	Street Address 1000 Plaza Two, Floor 10, Harborside Financial Center							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Jersey City, NJ 07311							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Daniel Bailey	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 132 Prospect Street		Square Feet 3900	# of Floors 4						
City (5) Jersey City		Bldg. Age 80							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-583-8500	License No. 703						
Start Date (10) 10/9/12	Scheduled Completion Date (11) 10/26/12	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	200 LF	x			
1st floor kitchen, pantry, hall			x	floor tile	330 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill GROWS N Landfill					
City, State Freehold NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Andrew Scott Higgins		Title President		Signature 			Date 10/8/12		

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

**RECEIVED**

**2012 OCT 12 AM 6:25**  
**ASBESTOS CONTROL & LICENSING**

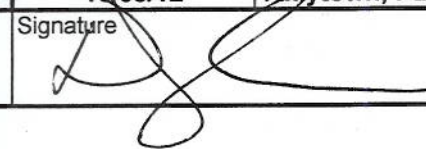
Date of Notification (1) 10/8/12		Name of Building Owner/Operator (2) Meutchen Community Services Corp							
Agencies Notified	Type Notification	Street Address 319 Maple Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Perth Amboy, NJ 08861							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Donna Fernandez	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 167 Throop Avenue		Square Feet 300	# of Floors 3						
City (5) New Brunswick		Bldg. Age 60							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address 4 East Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-583-8500	License No. 703						
Start Date (10) ON HOLD	Scheduled Completion Date (11)	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	floor tile (excludes mastic)	500 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill GROWS N Landfill					
City, State Freehold NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Andrew Scott Higgins		Title President		Signature 			Date 10/8/12		



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60-7 and 12:120-7)

ck  
2012 OCT 12 AM 6:23  
**ASBESTOS CONTROL & LICENSING**

Date of Notice 10/05/12

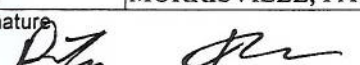
Type Notification		Name of Building Owner / Operator (2) <b>Anheuser Busch, Inc.</b>	
Agencies Notified		Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Emergency Notification	<b>200 Route 1 South</b>	
<input checked="" type="checkbox"/> DEP	Initial Notification	City, State & Zip Code	
<input checked="" type="checkbox"/> DOL	Amended Notification	<b>Newark, NJ 07114</b>	
<input checked="" type="checkbox"/> DOH	Cancellation	Name of Contact	Telephone Number
<input type="checkbox"/> DCA		<b>Jesse Gross</b>	<b>732-605-9062</b>
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Building #204, 1<sup>st</sup> Floor Hallway</b>		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, homes, etc.)	
<b>200 Route 1 South</b>		Square Feet	# of Floors
		<b>50000</b>	<b>7</b>
City (5)	County (6)	Bldg. Age	
<b>Newark</b>	<b>Essex</b>	<b>60</b>	
County Code (7)		Current Use (Prior if being demolished)	
		<b>Brewery</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics, Inc</b>		ASCM No. <b>0045</b>	Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>
Street Address <b>64 Broad Street</b>		Street Address <b>443 Schoolhouse Road</b>	
City, State & Zip Code <b>Matawan, NJ 07747</b>		City, State & Zip Code <b>Monroe Township, NJ 08831</b>	
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone Number <b>732-290-2217</b>	License Number <b>00714</b>
Scheduled Start Date (10) <b>10/05/12</b>	Scheduled Completion Date (11) <b>10/06/12</b>		Name of OSHA Monitor <b>Global Abatement Services, LLC</b>
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - <input checked="" type="checkbox"/> Describe: <b>Area Isolated During Abatement</b> Other - Describe:		Street Address <b>443 Schoolhouse Road</b> City, State & Zip Code <b>Monroe Township, NJ 08831</b>	
Scope of Work (Check all that apply) Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Project <input type="checkbox"/> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM <input type="checkbox"/> <input checked="" type="checkbox"/> Quantity is $\geq 160$ SF or $\geq 260$ LF ACM <input type="checkbox"/>			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)		Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
<b>1<sup>st</sup> Fl. Hall/Pump Control Area</b>		<b>N/A</b>	<b>Clean-up/Repair</b>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID # <b>18693</b>	Cu. Yds. of Waste <b>10</b>
City, State <b>Freehold, NJ</b>		Disposal Date <b>10/08/12</b>	Name of Registered Landfill <b>TRRF</b>
Completed By (Print or Type) <b>Dominick Tringali</b>		Title <b>Pres.</b>	Signature 
			Date <b>10/05/12</b>

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

2012 OCT 12 AM 6:22

ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) 10/8/2012		Name of Building Owner/Operator (2) City of East Orange					
Agency Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 44 City Hall Plaza City, State, Zip Code East Orange, NJ 07019 Name of Contact Cecil H. Sanders Jr. Telephone Number					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Old EOPD Building Street Address 44 City Hall Plaza City (5) East Orange, NJ 07019 County (6) Essex		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age 50+ Current Use (Prior if being demolished) Unoccupied					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) RICI CORP Street Address 41 LIBERTY STREET City, State, Zip Code PASSAIC, NJ 07055				
Street Address		Telephone No.	License No.				
City, State, Zip Code		973-614-1266	00838				
Project Manager for Monitoring Firm		Telephone No.	License No.				
Start Date (10) October 18, 2012		Scheduled Completion Date (11) January 15, 2013	Name of OSHA Monitor RICI CORP Street Address 41 LIBERTY STREET City, State, Zip Code PASSAIC, NJ 07055				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Nacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe							
Scope of Work (Check all that apply) <input type="checkbox"/> ~: 3 sf or ~: 3 lf <input checked="" type="checkbox"/> ~: 1 60 sf or ~: 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
All exterior windows		x	intact window frames	2750 SF	x		
Name of Registered Waste Hauler RICI CORP City, State PASSAIC, NJ		NJDEP Waste Hauler ID No. 29051	Cubic Yards of Waste TBD Disposal Date TBD	Name of Registered Landfill G.R.O.W.S. LANDFILL City, State MORRISVILLE, PA			
Completed by RISTO TRAJKOV	Title PRESIDENT	Signature 		Date 10/8/2012			



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

\* amend start date  
 \* extra work

Date of Notification (1) 10-9-2012		Name of Building Owner/Operator (2) County of Union							
Agencies Notified	Type Notification	Street Address 10 Elizabeth Town Plaza							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1	City, State, Zip Code Elizabeth, NJ 07207							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact David							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Galloping Hills Service Yard		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 21 North 31st Street		Square Feet	# of Floors 50+						
City (5) Kenilworth		Bldg. Age 50+							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Empty Scheduled for Demo							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Jadar Contracting, LLC						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. 973-706-7950	License No. 01088						
Start Date (10) 10-15-2012	Scheduled Completion Date (11) 11-10-2012	Name of OSHA Monitor Jadar Contracting, LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9 am - 5 am		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			X	Built up Roofing Material	10,000 SF	X			
Hallway leading to interior B.Room			X	VAT	60SF	X			
2nd Fl. Apartment Kitchen			X	VAT	150 SF	X			
Stairwell leading to 2nd Fl. Apt.			X	VAT	15 SF	X			
Name of Registered Waste Hauler DJM Transport, LLC		NJDEP Waste Hauler ID No. 29681	Cubic Yards of Waste TBD	Name of Registered Landfill Clean Earth Inc.					
City, State Kearny, NJ 07032		Disposal Date TBD		City, State S. Kearny, NJ					
Completed by Lillie Lazarevich		Title Secretary	Signature <i>Lillie Lazarevich</i>			Date 10-9-2012			



**State of New Jersey - Notification of Asbestos Abatement**  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

*Check # 9882*

GAC Project # 060-12

Client Project #

Date of Notification (1) <b>October 08, 2012</b>			Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>	
				City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
				Name of Contact <b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>ENGINEERING, BLDG# 3558</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>BUSCH CAMPUS</b>			Sq. Feet: <b>N/A</b> # of Floors: <b>2</b> Bldg. Age: <b>80+ years</b>		
City (5) <b>PISCATAWAY</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	Current Use (prior if being demolished): <b>ACADEMIC</b>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC ASSOCIATES</b>			Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>		
Street Address <b>3 TERRI LANE</b>			Street Address <b>268 MAIN STREET</b>		
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>			City, State, Zip Code <b>BUTLER, NJ 07405</b>		
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b>		Telephone Number <b>609-386-8800</b>	Telephone Number <b>973-492-0477</b>		License Number <b>00840</b>
Scheduled Start Date (10) <b>10/18/12</b>		Scheduled Completion Date (11) <b>10/22/12</b>		Name of OSHA Monitor <b>1 ENVIROVISION, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: <b>Shift Hours: 5:00 PM - 5:00 AM</b>			Street Address <b>20-21 WARGARAW ROAD</b>		
			City, State, Zip Code <b>FAIRLAWN, NJ</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose	
D-115	<input checked="" type="checkbox"/>	VAT	1100 SF	<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>20 CY</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509			Disposal Date <b>10/22/12</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>		Date <b>October 08, 2012</b>	

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney



**State of New Jersey - Notification of Asbestos Abatement**  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-12

Client Project #

Date of Notification (1) <b>October 5, 2012</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 - new start & completion dates <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>	
		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
		Name of Contact <b>MIKE SMITH, ENV. HEALTH &amp; SAFETY</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>BARTLETT HALL BLDG# 6024</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>COOK CAMPUS</b>		Sq. Feet: <b>N/A</b> # of Floors: <b>3</b> Bldg. Age: <b>80+ years</b>	
City (5) <b>NEW BRUNSWICK</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	Current Use (prior if being demolished): <b>ACADEMIC</b>
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC ASSOCIATES</b>		ASCM No. <b>0098</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>3 TERRI LANE</b>		Street Address <b>268 MAIN STREET</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b>	Telephone Number <b>609-386-8800</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>10/12/12</b>	Scheduled Completion Date (11) <b>10/15/12</b>	Name of OSHA Monitor <b>1 ENVIROVISION, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>Shift Hours: 3:00 PM (FRI) - 5:00 AM (MON) (24 HR as needed)</b>		Street Address <b>20-21 WARGARAW ROAD</b>	
		City, State, Zip Code <b>FAIRLAWN, NJ</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Room 303A</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> NO	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>TRANSITE</b>	Amount (Specify SF or LF) <b>200 SF</b>
		Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove	
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>	NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>10 CY</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date <b>10/15/12</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>October 5, 2012</b>

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney



**State of New Jersey - Notification of Asbestos Abatement**  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-12

Client Project #

<b>Date of Notification (1)</b> <b>September 20, 2012</b>		<b>Name of Building Owner/Operator (2)</b> <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
<b>Agencies Notified</b> <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		<b>Notification Type</b> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
<b>Street Address</b> <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT.</b> <b>27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>		<b>City, State, Zip Code</b> <b>PISCATAWAY, NJ 08854</b>	
<b>Name of Contact</b> <b>MIKE SMITH, ENV. HEALTH &amp; SAFETY</b>		<b>Telephone Number</b> _____	
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> <b>BARTLETT HALL BLDG# 6024</b>		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
<b>Street Address</b> <b>COOK CAMPUS</b>		<b>Sq. Feet:</b> N/A <b># of Floors:</b> 3 <b>Bldg. Age:</b> 80+ years	
<b>City (5)</b> <b>NEW BRUNSWICK</b>	<b>County (6)</b> <b>MIDDLESEX</b>	<b>County Code (7)</b> (State Use Only)	
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> <b>ATC ASSOCIATES</b>		<b>ASCM No.</b> <b>0098</b>	
<b>Street Address</b> <b>3 TERRI LANE</b>		<b>Name of Contractor (9)</b> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
<b>City, State, Zip Code</b> <b>BURLINGTON, NJ 08016</b>		<b>Street Address</b> <b>268 MAIN STREET</b>	
<b>Project Manager for Monitoring Firm</b> <b>BRIAN KEARNY</b>		<b>City, State, Zip Code</b> <b>BUTLER, NJ 07405</b>	
<b>Telephone Number</b> <b>609-386-8800</b>		<b>Telephone Number</b> <b>973-492-0477</b>	<b>License Number</b> <b>00840</b>
<b>Scheduled Start Date (10)</b> <b>10/05/12</b>		<b>Scheduled Completion Date (11)</b> <b>10/08/12</b>	
<b>Name of OSHA Monitor</b> <b>1</b> <b>ENVIROVISION, INC.</b>		<b>Street Address</b> <b>20-21 WARGARAW ROAD</b>	
<b>Occupancy Status During Abatement (Check only one)</b> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>Shift Hours: 3:00 PM (FRI) - 5:00 AM (MON) (24 HR as needed)</b>		<b>City, State, Zip Code</b> <b>FAIRLAWN, NJ</b>	
<b>Scope of Work (Check all that apply)</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf  <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260         </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure  <input type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glovebag Procedure  <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div>			
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b> <b>Room 303A</b>	<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/>	<b>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b> <b>TRANSITE</b>	<b>Amount (Specify SF or LF)</b> <b>200 SF</b>
<b>Abatement Type</b> Remove <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose <input type="checkbox"/>			
<b>Name of Reg. Waste Hauler</b> <b>See Hauler Below #1 &amp; 2</b>		<b>NJDEP Waste Hauler ID #</b> <b>See Below</b>	<b>Cubic Yards of Waste:</b> <b>10 CY</b>
<b>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> <b>NJDEP # 12561</b>		<b>Name of Registered Landfill</b> <b>G.R.O.W.S. North Landfill</b>	
<b>Hauler #2) Newark Carting, Inc., Newark, NJ 04509</b> <b>NJ DEP # 4509</b>		<b>Disposal Date</b> <b>10/08/12</b>	<b>City, State</b> <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b> <b>215-736-1700</b>
<b>Completed by (Print or Type)</b> <b>RAYMOND C. PEDALINO</b>		<b>Title</b> <b>SENIOR PROJECT MANAGER</b>	<b>Signature</b> <i>Raymond C. Pedalino</i>
		<b>Date</b> <b>September 20, 2012</b>	

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney



# State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

RECEIVED

2012 OCT 12 AM 6:09

ASBESTOS CONTROL & LICENSING

Date of Notification (1) <b>October 8, 2012</b>		Name of Building Owner/Operator (2) <b>New Jersey American Water Company</b>	
Agencies Notified  <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Certification # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>Raritan District, Roselle Water Booster Station</b>		City, State, Zip Code <b>Roselle, NJ c/o PKF Mark III Newtown</b>	
Name of Contact <b>Christopher Grys</b>		Telephone Number <b>7</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>NJ American Water Company, Roselle Booster Station East Station</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>Unknown</b> # of Floors: <b>1</b> Bldg. Age: <b>70</b> years	
Street Address <b>400 West 1<sup>st</sup> Avenue, Roselle, NJ</b>		Current Use (prior if being demolished): <b>Power Station to be demolished</b>	
City (5) <b>Roselle</b>	County (6) <b>Union</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>N/A- Final Inspection By: AECOM, Inc.</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
Street Address <b>30 Knightsbridge Road, Suite 520</b>		Street Address <b>268 MAIN STREET</b>	
City, State, Zip Code <b>Piscataway, NJ 08854</b>		City, State, Zip Code <b>Butler, NJ 07405</b>	
Project Manager for Monitoring Firm <b>Mark Connors</b>		Telephone Number <b>732-672-7519</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>October 9, 2012</b>		Scheduled Completion Date (11) <b>October 17, 2012</b>	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: <b>Vacant to be demolished</b> <b>Phase 2- October 9, 2012 to October 17, 2012</b>		Name of OSHA Monitor <b>EMSL inc.</b> Street Address <b>1056 Stelton Road</b> City, State, Zip Code <b>Piscataway, NJ 08854</b>	
Source of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$		Renovation Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>East Building</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>Glass Block Caulk Louwer Window Caulk Exhaust Flue Pipe Transite Roof Flashing</b>	Amount (Specify SF or LF) <b>108 LF 65 LF 10 LF 100 LF</b> Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose
Name of Reg. Waste Hauler <b>See Hauler Below # 1 &amp; 2</b>	NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>40</b>	Name of Registered Landfill <b>Meadowfill Landfill</b>
Hauler #1) <b>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561</b>		Disposal Date <b>October 17, 2012</b>	City, State <b>Route 2, Box 68 Bridgeport, WVA 304-842-2784</b>
Hauler #2) <b>Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</b>		Date <b>October 8, 2012</b>	
Completed by (Print or Type) <b>Marin Graure</b>		Signature <b>Marin Graure</b>	
Title <b>SENIOR PROJECT MANAGER</b>			

GAC # 2012-308- Phase 2

Please Note: This amendment clarifies the exact jobsite location, which is on the border of Roselle & Roselle Park



# State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

RECEIVED

Date of Notification (1) <b>September 24, 2012</b>		Name of Building Owner/Operator (2) <b>New Jersey American Water Company</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>Raritan District, Roselle Water Booster Station</b>		City, State, Zip Code <b>Roselle, NJ c/o PKF Mark III New Jersey</b>	
Name of Contact <b>Christopher Gry</b>		Telephone Number <b>908-661-1234</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>NJ American Water Company, Roselle Booster Station East Station</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>400 West 19<sup>th</sup> Street</b>		Sq. Feet: <b>Unknown</b> # of Floors: <b>1</b> Bldg. Age: <b>70</b> years	
City (5) <b>Roselle Park</b>	County (6) <b>Union</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>N/A- Final Inspection By: AECOM, Inc.</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
Street Address <b>30 Knightsbridge Road, Suite 520</b>		Street Address <b>268 MAIN STREET</b>	
City, State, Zip Code <b>Piscataway, NJ 08854</b>		City, State, Zip Code <b>Butler, NJ 07405</b>	
Project Manager for Monitoring Firm <b>Mark Connors</b>	Telephone Number <b>732-672-7519</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>October 9, 2012</b>	Scheduled Completion Date (11) <b>October 17, 2012</b>		
Name of OSHA Monitor <b>EMSL inc.</b>			
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: <b>Vacant to be demolished</b> <b>Phase 2- October 9, 2012 to October 17, 2012</b>		Street Address <b>1056 Stelton Road</b>	
		City, State, Zip Code <b>Piscataway, NJ 08854</b>	
Source of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$			
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>East Building</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>Glass Block Caulk Louver Window Caulk Exhaust Flue Pipe Transite Roof Flashing</b>	Amount (Specify SF or LF) <b>108 LF 65 LF 10 LF 100 LF</b>
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Name of Reg. Waste Hauler <b>See Hauler Below # 1 &amp; 2</b>	NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>40</b>	Name of Registered Landfill <b>Meadowfill Landfill</b>
Hauler #1) <b>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> NJ DEP # <b>12561</b>		Disposal Date <b>October 17, 2012</b>	City, State <b>Route 2, Box 68 Bridgeport, WVA 304-842-2784</b>
Hauler #2) <b>Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</b>			
Completed by (Print or Type) <b>Marin Graure</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Marin Graure</i>	Date <b>September 24, 2012</b>

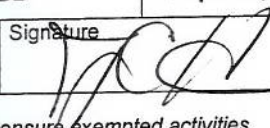
GAC # 2012-308- Phase 2



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**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)**

**RECEIVED**

Date of Notification (1) <b>10 / 08 / 12</b>		Name of Building Owner/Operator (2) <b>Campbell Soup</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1 Campbell Place</b>							
		City, State, Zip Code <b>Camden, NJ</b>							
		Name of Contact <b>Chris Schoen</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Former Sears</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>1300 Admiral Wilson Blvd</b>		Square Feet <b>200000</b>	# of Floors <b>3</b>						
City (5) <b>Camden</b>		Bldg. Age <b>100</b>							
County (6) <b>Camden</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Manufacturing</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Langen Engineers</b>		ASCM No. <b>NA</b>	Name of Abatement Contractor (9) <b>Alliance Environmental Systems</b>						
Street Address <b>River Drive Center 1, 4<sup>th</sup> Floor</b>		Street Address <b>550 East Union Street</b>							
City, State, Zip Code <b>Elmwood Park, NJ 07407</b>		City, State, Zip Code <b>West Chester, PA 19382</b>							
Project Manager for Monitoring Firm <b>Ross Caldwell</b>		Telephone No. <b>201-794-6900</b>	License No. <b>00508</b>						
Start Date (10) <b>10 / 23 / 12</b>	Scheduled Completion Date (11) <b>11 / 9 / 12</b>	Name of OSHA Monitor <b>AET</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-3:30PM</b> PM-____AM		Street Address <b>28 N. Pennel Road</b>							
		City, State, Zip Code <b>Media, PA 19063</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>1<sup>st</sup> &amp; 2<sup>nd</sup> Floor</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>pipe insulation</b>	<b>4000 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mech Room</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Vibration cloth</b>	<b>35 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Windows, Doors, mirrors</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>misc. glue, caulk</b>	<b>1,850 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>electric room, elevator room</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Brake pad, transite, ebony board</b>	<b>122 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>N.E.T.S.</b>		NJDEP Waste Hauler ID No. <b>18947</b>	Cubic Yards of Waste <b>25</b>	Name of Registered Landfill <b>Allied BFI Imperial</b>					
City, State <b>Hazleton, PA</b>			Disposal Date <b>TBD</b>	City, State <b>Imperial, PA</b>					
Completed By (Print or Type) <b>John Heemer</b>		Title <b>Estimator</b>	Signature 			Date <b>10/8/12</b>			

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

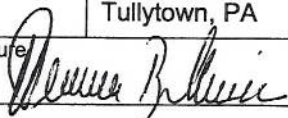
**RECEIVED**

Date of Notification (1) 10/11/2012		Name of Building Owner/Operator (2) Raritan Valley Community College Facilities and Grounds Department							
Agencies Notified	Type Notification	Street Address P.O. Box 3300							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Somerville NJ 08876							
		Name of Contact Brian P. O'Rourke	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Center for Student Life		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 118 Lamington Rd		Square Feet N/A	# of Floors N/A						
City (5) Branchburg		Bldg. Age N/A							
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) Niram Inc.						
Street Address		Street Address 91 Fulton Street							
City, State, Zip Code		City, State, Zip Code Boonton NJ 07005							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973 299 4455						
			License No. 01081						
Start Date (10) 10/12/2012	Scheduled Completion Date (11) 10/19/2012	Name of OSHA Monitor Uros Simeunovic							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 152 Mill Street							
		City, State, Zip Code Paterson NJ 07501							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Outside/Underground			x	Friable pipe insulation on buried	60 LF	x			
Name of Registered Waste Hauler Niram Inc.		NJDEP Waste Hauler ID No. 12577	Cubic Yards of Waste 2	Name of Registered Landfill Minerva Enterprises LLC					
City, State Boonton NJ			Disposal Date 10/22/2012	City, State Waynesburg OH					
Completed by Slobodan Panic		Title Project Manager		Signature <i>S. Panic</i>		Date 10/11/2012			



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

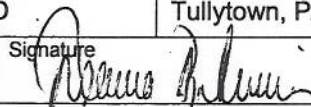
**RECEIVED**

Date of Notification (1) 10/01/12		Name of Building Owner/Operator (2) Louis & Caroline Wolfgang		2012 OCT 12 AM 5:37					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 18 Taylor Street City, State, Zip Code Millburn, NJ 07041 Name of Contact Louis & Caroline Wolfgang Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 18 Taylor Street			Square Feet N/A	# of Floors N/A	Bldg. Age N/A				
City (5) Millburn			Current Use (Prior if being demolished) House						
County (6) Essex		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) D&S Abatement, Inc.					
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-345-8685	License No. #00675				
Start Date (10) 10/11/12		Scheduled Completion Date (11) 10/13/12		Name of OSHA Monitor D&S Abatement, Inc.					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied				Street Address 11 Rosengren Avenue					
				City, State, Zip Code Totowa, NJ 07512					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	70 LF	X			
crawl space		X		pipe insulation	25 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996		Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA				
City, State Totowa, NJ				Disposal Date TBD	City, State Tullytown, PA				
Completed by Deanna Brkusanin		Title Project Manager		Signature 		Date 10/01/12			



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 10/01/12		Name of Building Owner/Operator (2) Louis & Caroline Wolfgang						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 20 Taylor Street		City, State, Zip Code Millburn, NJ 07041						
Name of Contact Louis & Caroline Wolfgang		Telephone Number						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 20 Taylor Street		Square Feet N/A						
City (5) Millburn		# of Floors N/A						
County (6) Essex		Bldg. Age N/A						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.						
Street Address		Name of Abatement Contractor (9) D&S Abatement, Inc.						
City, State, Zip Code		Street Address 11 Rosengren Avenue						
Project Manager for Monitoring Firm		City, State, Zip Code Totowa, NJ 07512						
Telephone No.		Telephone No. 973-345-8685						
Start Date (10) 10/11/12		License No. #00675						
Scheduled Completion Date (11) 10/13/12		Name of OSHA Monitor D&S Abatement, Inc.						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
basement		X	pipe insulation	204 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996		Cubic Yards of Waste TBD		Name of Registered Landfill Waste Management of PA		
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA				
Completed by Deanna Brkusanin		Title Project Manager		Signature 		Date 10/01/12		



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

2012 OCT 12 AM 5:37

ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) 10/01/12		Name of Building Owner/Operator (2) Louis & Caroline Wolfgang							
Agencies Notified	Type Notification	Street Address 22 Taylor Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Millburn, NJ 07041							
		Name of Contact Louis & Caroline Wolfgang							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address 22 Taylor Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Millburn		Square Feet N/A	# of Floors N/A						
County (6) Essex		Bldg. Age N/A							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.							
Street Address		Name of Abatement Contractor (9) D&S Abatement, Inc.							
City, State, Zip Code		Street Address 11 Rosengren Avenue							
Project Manager for Monitoring Firm		City, State, Zip Code Totowa, NJ 07512							
Telephone No.		Telephone No. 973-345-8685	License No. #00675						
Start Date (10) 10/11/12	Scheduled Completion Date (11) 10/13/12	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	60 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature <i>Deanna Brkusanin</i>				Date 10/01/12	




**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

**RECEIVED**

**2012 OCT 12 AM 5:35**


**ASBESTOS CONTROL  
& LICENSING**

Date of Notification (1) 10/4/12		Name of Building Owner/Operator (2) Iris Delia Rodriguez							
Agencies Notified	Type Notification	Street Address 163 New York Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ 07307							
		Name of Contact Iris Delia Rodriguez							
		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4)							
Street Address 163 New York Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Jersey City		Square Feet 2500	# of Floors 2						
		Bldg. Age 50							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASC No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-583-8500	License No. 703						
Start Date (10) 10/24/12	Scheduled Completion Date (11) 10/30/12	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	64 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill GROWS N Landfill					
City, State Freehold, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Andrew Scott Higgins		Title President		Signature 			Date 10/4/12		



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

**CHECK RECEIVED**  
**2012 OCT 12 AM 5:12**  
**ASBESTOS CONTROL & LICENSING**

Date of Notification (1) 10/4/12		Name of Building Owner/Operator (2) Mr. & Mrs. Guthreau							
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2577 Juliar Place							
		City, State, Zip Code Union, NJ 07083							
		Name of Contact Angie	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2577 Juliar Place		Square Feet 2500	# of Floors 2						
City (5) Union		Bldg. Age 50							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-583-8500	License No. 703						
Start Date (10) 10/19/12	Scheduled Completion Date (11) 10/25/12	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If									
		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	floor tile	600 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill GROWS N Landfill					
City, State Freehold, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Andrew Scott Higgins		Title President	Signature 			Date 10/4/12			



**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**

OK 4087

Date of Notification (1) <b>10/9/12</b>		Name of Building Owner/Operator (2) <b>ERA CLEAN CITY REALTY / FRANKIE HUE</b>				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>310 PARK AVE</b>				
		City, State, Zip Code <b>SCOTTA PLAINS, NJ 07076</b>				
		Name of Contact <b>BRYAN NEWTON</b>	Telephone Number			
<b>FACILITY INFORMATION</b>						
Name of Facility Where Abatement is Taking Place (3) <b>ERA REALTY</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address <b>444 FRANKLIN ST</b>		Square Feet <b>2800</b>	# of Floors <b>2</b>			
City (5) <b>ELIZABETH</b>		Bldg. Age <b>80</b>				
County (6) <b>UNION</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENTIAL SCHOOL</b>			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Best Removal Inc</b>			
Street Address		Street Address <b>450 S. River St</b>				
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>				
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>			
Start Date (10) <b>10/18/12</b>	Scheduled Completion Date (11) <b>10/19/12</b>	Name of OSHA Monitor <b>Omega Environmental Inc</b>				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>280 Huyler St</b>				
		City, State, Zip Code <b>South Hackensack, N.J. 07606</b>				
Scope of Work (Check all that apply)						
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition  <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  <b>BASEMENT</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  <b>THERMAL INSULATION</b>	Amount (Specify SF or LF)  <b>15 LF</b>	Abatement Type		
				Removal	Repair	Encapsulate
				<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>1/20</b>	Name of Registered Landfill <b>Minerva Enterprises</b>		
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>10/19/12</b>	City, State <b>Waynesburg, Oh</b>			
Completed by <b>J. Maiorano</b>	Title <b>Estimator</b>	Signature <i>J. Maiorano</i>		Date <b>10/9/12</b>		



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)


**RECEIVED #1366**

Date of Notification (1) 10/06/12		Name of Building Owner/Operator (2) Trinitas Regional Medical Center							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 301 Rt. 17 North, Suite 800							
		City, State, Zip Code Rutherford, NJ 07070							
		Name of Contact Robert Lopez							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Trinitas Regional Medical Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 225 Williamson Street		Square Feet 150,000	# of Floors 9						
City (5) Elizabeth		Bldg. Age 50+-							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Medical Center							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Stanmark Contractors, LLC						
Street Address		Street Address 27 Edsall Drive							
City, State, Zip Code		City, State, Zip Code Sussex, NJ 07461							
Project Manager for Monitoring Firm		Telephone No. 973-864-2022	License No. 01137						
Start Date (10) 09/15/12	Scheduled Completion Date (11) 10/15/12 <input checked="" type="checkbox"/>	Name of OSHA Monitor AmeriSci							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>during and after normal business hours</u>		Street Address 117 East 30th Street							
		City, State, Zip Code New York, NY 10016							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
7th floor North Side	x			loose floor tiles	3 S.F.	x			
7th floor North Side	x			carpet	120 S.F.	x			
<input checked="" type="checkbox"/> 7th floor North Side	x			floor tiles	500 S.F.	x			
Name of Registered Waste Hauler Pro-Tech, LLC		NJDEP Waste Hauler ID No. 190713	Cubic Yards of Waste 15	Name of Registered Landfill Minerva Landfill					
City, State New Haven, CT		Disposal Date on Completion		City, State Waynesburgh, OH					
Completed by Marko Stankovic		Title President		Signature 			Date 10/06/12		



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)


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Date of Notification (1) 10/8/12		Name of Building Owner/Operator (2) Ron Kempe / Residence							
Agencies Notified	Type Notification	Street Address 108 Lake Superior Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Tuckerton NJ 08087							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Ron	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Ron Kempe / Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 108 Lake Superior Drive		Square Feet 1000 +	# of Floors 1						
City (5) Tuckerton NJ 08087		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 10/22/12	Scheduled Completion Date (11) 11/2/12	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1650 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 11/2/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 10/8/12		

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

*\* Emergency \**

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2012 OCT 12 AM 4:18

Date of Notification (1) 10/8/12		Name of Building Owner/Operator (2) Ivan Gonzales / Residence							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 106 Lake Ave							
		City, State, Zip Code Hamilton NJ 08610							
		Name of Contact Ivan	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Ivan Gonzales / Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 106 Lake Ave		Square Feet 1000+	# of Floors 2						
City (5) Hamilton NJ 08610		Bldg. Age 35 +							
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 865-753-9800	License No. 00727						
Start Date (10) 10/9/12	Scheduled Completion Date (11) 10/12/12	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Home owner Home</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Floor Tile/ Mastic	260 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 10/12/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 10/8/12		



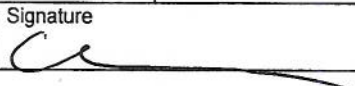
\* Emergency \*

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

OK  
2808  
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2012 OCT 12 AM 4:17

ASBESTOS CONTROL  
& LICENSING

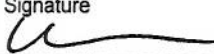
Date of Notification (1) 10/8/12		Name of Building Owner/Operator (2) Repauno Day Care							
Agencies Notified	Type Notification	Street Address 171 N Repauno Ave							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Gibbstown, NJ 08027							
		Name of Contact John							
		Telephone Number 731							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Repauno Day Care		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 171 N Repauno Ave		Square Feet 1000+	# of Floors 2						
City (5) Gibbstown, NJ 08027		Bldg. Age 35 +							
County (6) Gloucester	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 865-753-9800	License No. 00727						
Start Date (10) 10/9/12	Scheduled Completion Date (11) 10/12/12	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: after 4 PM		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Floor Tile/ Mastic	1800 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 10/12/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 10/8/12		

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

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2012 OCT 12 AM 4:13

ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) 10/8/12		Name of Building Owner/Operator (2) Bill Gnade / Residence							
Agencies Notified	Type Notification	Street Address 22 East New York Ave							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Brighton Beach NJ 08008							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Bill	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Bill Gnade / Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 22 East New York Ave		Square Feet 1000 +	# of Floors 2						
City (5) Brighton Beach NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 10/22/12	Scheduled Completion Date (11) 11/2/12	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	2600 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ			Disposal Date 11/2/12	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 10/8/12			

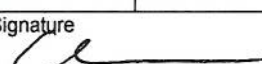


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

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ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) 10/8/12		Name of Building Owner/Operator (2) Billy Amon/ Residence							
Agencies Notified	Type Notification	Street Address 68 Jennie Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manahawkin NJ 08050							
		Name of Contact Billy	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Billy Amon/ Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 68 Jennie Drive		Square Feet 1000 +	# of Floors 1						
City (5) Manahawkin NJ 08050		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 10/22/12	Scheduled Completion Date (11) 11/2/12	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	2100 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 11/2/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 10/8/12		

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

**RECEIVED**  
2012 OCT 12 AM 4:11  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <b>10/9/12</b>		Name of Building Owner/Operator (2) <b>ERA REALTY</b>							
Agency Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>310 PARK AVE</b>							
		City, State, Zip Code <b>SCOTCH PLAINS, NJ</b>							
		Name of Contact <b>MR. BRYAN NEWTON</b>	Telephone Number <b>0908</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>ERA REALTY</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>442 FRANKLIN ST</b>									
City (5) <b>ELIZABETH</b>		Square Feet <b>2800</b>	# of Floors <b>2</b>						
County (6) <b>UNION</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <b>88 years</b>						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) <b>10/18/12</b>		Scheduled Completion Date (11) <b>10/19/12</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>7AM TO 5PM</b>		Name of OSHA Monitor <b>Omega Environmental Inc</b>							
		Street Address <b>280 Huyler St</b>							
		City, State, Zip Code <b>South Hackensack, N.J. 07606</b>							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>BASEMENT</b>				<b>THERMAL INSULATION</b>	<b>45 LF</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>1.07</b>	Name of Registered Landfill <b>Minerva Enterprises</b>					
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>10/19/12</b>		City, State <b>Waynesburg, Oh</b>					
Completed by <b>J. Maiorano</b>	Title <b>Estimator</b>	Signature <i>[Signature]</i>				Date <b>10/9/12</b>			



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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <u>10-10-12</u>		Name of Building Owner/Operator (2) <u>MASTROCOLA</u>		ASBESTOS CONTROL & LICENSING					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>973 NEW DORMAN RD</u> City, State, Zip Code <u>EDISON NJ 0887</u>					
		Name of Contact <u>Michael</u>		Telephone Number <u></u>					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>MASTROCOLA</u>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>180 North Avenue</u>			Square Feet <u>2000</u>						
City (5) <u>FANWOOD</u>			# of Floors <u>1</u>		Bldg. Age <u>70</u>				
County (6) <u>UNION</u>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>Residence</u>					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) <u>ACE INSULATION CO INC</u>					
Street Address				Street Address <u>95 MONTROSE RD</u>					
City, State, Zip Code				City, State, Zip Code <u>COLTS NECK N.J. 07722</u>					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. <u>732 294 1757</u>					
				License No. <u>00029</u>					
Start Date (10) <u>10-19-12</u>		Scheduled Completion Date (11) <u>10-22-12</u>		Name of OSHA Monitor <u>ACE INSULATION CO, INC</u>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>7 AM - 7 PM</u>				Street Address <u>95 MONTROSE RD</u>					
				City, State, Zip Code <u>COLTS NECK NJ 07722</u>					
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure					
<input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure					
				<input type="checkbox"/> Glovebag Procedure					
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>1000#</u>	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>OUTDOORS</u>			<u>SIDING</u>	<u>1000#</u>	<input checked="" type="checkbox"/>				
Name of Registered Waste Hauler <u>ACE INSULATION</u>		NJDEP Waste Hauler ID No. <u>10056</u>		Cubic Yards of Waste <u>3</u>		Name of Registered Landfill <u>GROW'S LANDFILL</u>			
City, State <u>COLTS NECK NJ</u>		Disposal Date <u>10-22-12</u>		City, State <u>TOLLYTOWN PA</u>					
Completed By <u>JACK GALL</u>		Title <u>PPS MGR</u>		Signature <u>Jack Gall</u>		Date <u>10-10-12</u>			



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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) <u>10-10-12</u>		Name of Building Owner/Operator (2) <u>John Weiss</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address <u>462 LONG AVE</u>		ASBESTOS CONTROL & LICENSING						
City, State, Zip Code <u>MANASSA</u>								
Name of Contact <u>MIKE JACOBS</u>		Telephone Number _____						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>John Weiss</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>462 LONG AVE</u>								
City (5) <u>MANASSA</u>		Square Feet <u>2000</u>	# of Floors <u>1</u>					
County (6) <u>MONMOUTH</u>		Bldg. Age <u>70</u>						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>HOUSE</u>						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.						
Street Address		Name of Abatement Contractor (9) <u>ACE INSULATION Co</u>						
City, State, Zip Code		Street Address <u>95 MONTROSE RD</u>						
Project Manager for Monitoring Firm		City, State, Zip Code <u>COLTS NECK NJ 07722</u>						
Telephone No.		Telephone No. <u>732 294 1757</u>	License No. <u>00029</u>					
Start Date (10) <u>10-19-12</u>	Scheduled Completion Date (11) <u>10-22-12</u>	Name of OSHA Monitor						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>7 AM 7 PM</u>		Street Address						
		City, State, Zip Code						
Scope of Work (Check all that apply)								
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<u>HOUSE</u>			<u>SIDING</u>	<u>2000</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>ACE INSULATION</u>		NJDEP Waste Hauler ID No. <u>12086</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>GROW'S LANDFILL</u>				
City, State <u>COLTS NECK NJ</u>		Disposal Date <u>10-22-12</u>		City, State <u>TULLY TOWN PA</u>				
Completed By <u>George G. West</u>		Title <u>PRESIDENT</u>	Signature <u>George G. West</u>		Date <u>10-10-12</u>			



State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 10/09/12		Name of Building Owner/Operator (2) Mary Einhorn					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address 72 Albert Street		City, State, Zip Code Woodbridge, NJ 07095					
Name of Contact Mary Einhorn		Telephone Number					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address 72 Albert Street		Square Feet 2000	# of Floors 2				
City (5) Woodbridge, NJ 07095		Bldg. Age 20+					
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior If being demolished) Commercial Property					
Name of Monitoring Firm Hired by Building Owner (8) n/a	ASCM No. n/a	Name of Abatement Contractor (9) Blavor, Inc.					
Street Address n/a		Street Address 1 Mountain Ave					
City, State, Zip Code n/a		City, State, Zip Code Montville, NJ 07045					
Project Manager for Monitoring Firm n/a	Telephone No. n/a	Telephone No. 973-265-4165	License No. 01049				
Start Date (10) 10/20/12	Scheduled Completion Date (11) 10/20/12	Name of OSHA Monitor Blavor, Inc.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9:00 am - 9:00 pm		Street Address 1 Mountain Ave					
		City, State, Zip Code Montville, NJ 07045					
Scope of Work (Check all that apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Basement	Yes No N/A X	Asbestos Pipe Insulation	70 LF	X			
Name of Registered Waste Hauler Blavor, Inc.	NJDEP Waste Hauler ID No. 01780	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O. W.S. Landfill				
City, State Montville, NJ 07045		Disposal Date TBD	City, State Morrisville, PA 19057				
Completed By Ray Nedich	Title President	Signature	Date 10/09/12				